

Beutnagel 3-12-9

IN THE UNITED STATES  
PATENT AND TRADEMARK OFFICE

Official

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3-7-03

## Patent Application

Inventor(s)	Mark Beutnagel Joern Ostermann Schuyler Quackenbusch	Case Name	Beutnagel 3-12-9
Filing Date	1/27/1999	Serial No.	09/238,224
Examiner	Michael Opsasnick	Group Art Unit	2645
Title	Advanced TTS for Facial Animation		

ASSISTANT COMMISSIONER FOR PATENTS  
WASHINGTON, D.C. 20231  
SIR:

## SUPPLEMENTAL AMENDMENT AFTER FINAL

In response to an Office action dated November 26, 2002, please amend the above-identified application as follows:

## IN THE CLAIMS:

1. (Thrice Amended) A method for generating a signal rich in prosody information comprising the steps of:

- inserting in said signal a plurality of phonemes represented by phoneme symbols,
- inserting in said signal a duration specification associated with each of said phonemes,
- inserting, for at least one of said phonemes, at least two prosody parameter specifications, with each specification of a prosody parameter specifying a target value for said prosody parameter and any selected point in time for reaching said target value, to thereby generate a signal adapted for converting into speech.

2. The method of claim 1 where at least one of said two prosody parameter specifications specifies pitch.

3. The method of claim 1 where at least one of said two prosody parameter specifications specifies energy.

03/07/2003 SMOORE 00000002 500732 09238224


**LAW OFFICE OF  
HENRY T. BRENDZEL**

<b>Date:</b> March 03, 2003	
<b>To:</b> Examiner: Michael Opsasnick	<b>From:</b> Henry T. Brendzel, Esq
<b>Fax:</b> 703-872-9314	<b>Fax:</b> (973) 467-6589
<b>Phone:</b> 703-305-4089	<b>Phone:</b> (973) 467-2025
<b>Re:</b> Serial No: 09/238,224	<b>Pages:</b> Cover + 6


Henry Brendzel

<b>TRANSMITTAL FORM</b> <i>(to be used for all correspondence after initial filing)</i>		Complete if Known	
		Application Number	09/238,224
		Filing Date	1/27/1999
		First Named Inventor	Mark Beutnagel
		Examiner Name	Michael Opsasnick
		Group/Art Unit	2645
Total number of pages in this Submission: this page, plus		5	Attorney Docket ID
			Beutnagel 3-12-9

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Form ( <input type="checkbox"/> Check included)  If Fee Form is not included, but a fee is due, the Commissioner is Authorized to charge Deposit Account No 500732 of Henry T. Brendzel and consider that appropriate requests have been made.  <input checked="" type="checkbox"/> Amendment/Response <input checked="" type="checkbox"/> After Final Supplemental  <input type="checkbox"/> Affidavit(s)/Declaration(s)  <input type="checkbox"/> Extension of Time Request  <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority document(s)  <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.2 or 1.53	<input type="checkbox"/> Declaration (no Missing Parts Notice)  <input type="checkbox"/> Assignment Papers (for an Application)  <input type="checkbox"/> Drawing(s)  <input type="checkbox"/> Licensing-related Papers  <input type="checkbox"/> Petition Routing Slip (TO/SB/68) and Accompanying Petition  <input type="checkbox"/> To Convert a Provisional Application  <input type="checkbox"/> Power of Attorney, Revocation or Change of Correspondence Address  <input type="checkbox"/> Express Abandonment  <input type="checkbox"/> Terminal Disclaimer  <input type="checkbox"/> To Convert to Statutory Invention Registration	<input type="checkbox"/> Postcard(s)  <input type="checkbox"/> Small Entity Statement  <input type="checkbox"/> Request for a Refund  <input type="checkbox"/> After Allowance Communication to group  <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences  <input type="checkbox"/> Appeal Communications to Group (Appeal Notice, Brief, Reply Brief)  <input type="checkbox"/> Proprietary Information  <input type="checkbox"/> Status Letter  <input type="checkbox"/> Other

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm or Individual Name	Henry T. Brendzel	
Signature		Date 3/3/03

CERTIFICATE OF MAILING		
I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to the Assistant Commissioner for Patents, PO Box 2327, Arlington, VA 22202 on this date: <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px;"></span>		
Name of Person Signing	Signature	Date

CERTIFICATE OF FACSIMILE		
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